


DEC 02 2004

PTO/SB/31 (02-01)

Approved for use through 10/31/2002. OMB 0651-0031

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<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) <b>TNX 98-08-01 (Case 0036)</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>December 2, 2004</u> .  Signature <u><i>Cheryl A. Liljestrand</i></u> Typed or printed name <u>Cheryl A. Liljestrand</u>		In re Application of <b>THOMAS, David</b>  Application Number <b>09/810,883</b> Filed <b>March 16, 2001</b>  For <b>Inhibitors of Complement Activation</b>  Group Art Unit <b>1632</b> Examiner <b>A.M. Whebe</b>	
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) <span style="float: right;">\$ <u>340.00</u></span></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ <u>170.00</u></span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>20-0087</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <div style="text-align: right; margin-top: 20px;">         Signature         Cheryl A. Liljestrand        Typed or printed name        Dec. 2, 2004        Date     </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			

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Signature

Typed or printed  
name

Cheryl A. Liljestrand

In re Application of  
THOMAS, David

Application Number

09/810,883

Filed

March 16, 2001

For

Inhibitors of Complement Activation

Group Art Unit

1632

Examiner

A.M. Whebe

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

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Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:

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I am the



applicant/inventor.



assignee of record of the entire interest.  
See 37 CFR 3.71. Statement under 37 CFR 3.73(b)  
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attorney or agent of record.



attorney or agent acting under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a), \_\_\_\_\_

*Cheryl A. Liljestrand*  
Signature

Cheryl A. Liljestrand

Typed or printed name

Dec. 2, 2004

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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